

CANDIDATE'S REPORT

(to be filed by a candidate or his principal campaign committee)

1. Qualifying Name and Address of Candidate W. DAVID THOMPSON 1012 Rayville, La		2. Office Sought (Include title of office as well as parish, city, town and/or election district) Coroner	OFFICE USE ONLY 10-P 10/99 10/6 P 2562
3. Date of Primary _____ This report covers from _____ through _____			
4. Type of Report: <input type="checkbox"/> 180th day prior to primary <input type="checkbox"/> 40th day after general <input type="checkbox"/> 80th day prior to primary <input type="checkbox"/> Annual (future election) <input checked="" type="checkbox"/> 30th day prior to primary <input type="checkbox"/> Supplemental (past election) <input checked="" type="checkbox"/> 10th day prior to primary <input type="checkbox"/> Amendment to prior report 10th day prior to general			
5. FINAL REPORT #: Withdrawn Filed after the election AND all loans and debts paid Unopposed			
6. Name and Address of Financial Institution (You are required by law to use one or more banks, savings and loan associations, or money market mutual fund as the depository of all campaign funds.) None	7. Full Name and Address of Treasurer No One	8. FOR PRINCIPAL CAMPAIGN COMMITTEES ONLY a. Name and address of principal campaign committee None	
9. Name of Person Preparing Report Daytime Telephone 318 728-2046	None	b. Name and address of committee's chairperson None	
10. WE HEREBY CERTIFY that the information contained in this report and the attached schedules is true and correct to the best of our knowledge, information and belief, and that no expenditures have been made nor contributions received that have not been reported herein, and that no information required to be reported by the Louisiana Campaign Finance Disclosure Act has been deliberately omitted. This <u>5</u> day of <u>October</u> , <u>1995</u> .			
Signature of Candidate/Chairperson (To be signed by Chairperson only if report by principal campaign committee) W. David Thompson		318-728-2046 Daytime Telephone	c. Name and address of all subsidiary committees, if any (Use additional sheets if necessary) None
Signature of Treasurer		Daytime Telephone	